

**TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION
FISCAL YEAR 2013-2014**

Agency & Project Summary Information

Legal Name of Agency/Organization:

Address:

Telephone No.

Fax No.

E-Mail:

Project Title:

Amount of Funding Requested \$

Project Description:

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Project Eligibility

This project/activity must meet **ONE** of the HUD National Objectives listed below. Please check applicable box.

☐ **Low/Moderate Income Area Benefit:** the project/activity meets the needs of persons residing in an area where at least 51% of the residents are low or moderate income persons.

Please provide Census Tract number(s) _____, _____, _____ (Census Tract numbers can be found at the following website: **Factfinder.census.gov**)

☐ **Low/Moderate Income Clientele:** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom are low or moderate income persons. The following groups are presumed to be Low/Moderate: abused children, battered spouses, elderly persons, adults meeting the **Bureau of Census' Current Population Reports** definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing:** The project will provide or improve permanent residential structures which, upon completion, will be occupied by low and moderate income households. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area:** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight:** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

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Primary Beneficiary of Project

- ☐ Homeless Individuals
- ☐ At-Risk Children & Youth
- ☐ Elderly Individuals
- ☐ Individuals with Disabilities
- ☐ Low and Moderate Income Area
- ☐ Other (please specify)

Estimated No. of Low to Moderate Income Beneficiaries to be served by the Project/Activity

White _____
Black/African American _____
Asian _____
American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native & White _____
Asian & White _____
Black/African American & White _____
American Indian/Alaskan Native & Black/African American _____
Asian/Pacific Islander _____
Hispanic _____
Other Multi-Racial _____

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ORGANIZATIONAL INFORMATION:

1. Briefly state your organization's mission and its history of providing this service.

2. Is your organization a non-profit 501(c)(3) agency? ☐ Yes ☐ No (include verification)

3. List the *officers* of your organization's governing board:

Name

Title

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Tax Exempt Status

Is your agency tax exempt under the US Internal Revenue Service Codes?

- ☐ Yes (include verification)
☐ No

Handicap Accessibility

Is (are) your facility (ies) handicap accessible?

- ☐ Yes
☐ No

**PLEASE ENCLOSE A COPY OF YOUR ORGANIZATION'S MOST RECENT
AVAILABLE FINANCIAL AUDIT REPORT AND MANAGEMENT LETTER.**

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Program Funding

Identify and list amount of prior year Federal and/or State funding

| Source | Amount | Funding Period |
|--------|--------|----------------|
|--------|--------|----------------|

Identify other funding sources (non-federal/private)

| Source | Amount | Funding Period |
|--------|--------|----------------|
|--------|--------|----------------|

Target Population

What are the characteristics of the client population to be served by this project? (Where applicable, please include total population (by age), number of families, income data such as median income, and other pertinent data, which applies specifically to the client.)

Will all clients be residents of Arlington? If no, please provide percentage of non-Arlington residents.

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What method was used to identify and assess the target population?

Service Need

What need will be met by providing the proposed service to the community and the target population?

What are the short-term goals and objectives for the contract period?

How will the target population be reached?

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How will client eligibility be documented?

How will the project be managed and staffed?

What is the timetable for delivery of services?

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1. Budget Information:

a) Total Costs for the Proposed Activity/Project:

| All Cost Items for the Activity/Project <i>(Detail <u>ALL</u> Staff positions, support costs, and other expense items associated with the activity/project.)</i> | Anticipated Costs for FY2013-2014 |
|--|--|
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| | |
| Total Cost of the Activity/Project → | |

b) Show only the Cost items to be paid by the CDBG Grant:

| Staff Positions and Expense Items to be paid by this requested CDBG Grant during FY 2013-2014 | Amount |
|--|---------------|
| | |
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| | |
| | |
| Total Amount of this Grant Request for FY2013-2014 → | |

c) Describe and explain each item shown in 1.b. for this grant request:

d) Total sources of Income for the Proposed Activity, including CDBG funding:

| All Sources of Income for this Activity/Project in FY2013-2014 <i>(for example, town grants, state contracts, other federal funds, foundation and corporate grants, donations, etc.)</i> | Anticipated Amount from Each Source |
|--|--|
| Amount of this C.D.B.G. grant request (Same as total of 1.b.) → | |
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| | |
| Total Funding for the Activity/Project → | |

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CERTIFICATION

*I CERTIFY THAT ALL INFORMATION THAT IS SUBMITTED WITH THIS APPLICATION
IS TRUE AND ACCURATE.*

Signature

Title

Name

Federal ID#